



Aetna Disability Services
P.O. Box 17536
Portland, ME 04101-7536



TOTAL HEALTH & DISABILITY SVCS
CARLA HARRIS
151 FARMINGTON AVENUE, REAG
HARTFORD, CT 06156-0001

MEMBER: LISA M BAILY
MEMBER ID NO: 0172563732
CUSTOMER NAME: AETNA INC.
CUSTOMER CSA: 698456-22-001
REFERENCE NO: 1833-5060-0000
CLAIM ADMINISTRATOR: AETNA LIFE INSURANCE COMPANY

09/21/2001

This is in response to your request for disability (re)certification for your absence from work commencing on 08/02/2001.

CERTIFICATION DECISION

FROM DATE	NUMBER OF DAYS	THROUGH DATE	DECISION
08/08/2001	24	08/31/2001	Certified-SEE REMARK #1

Remark # 1: Your disability has been certified or recertified for the number of days and for the time period shown above. Your expected return to work date is the first scheduled work day following this period. If you are not able to return to work on your expected return to work date, it is your responsibility to call Aetna to extend your certified period of disability.

Expected return to Work Date: 09/01/2001

This is an extension of certified days:
Previous Length of Disability Certified: 6
Additional Days this Certification: 24
Total Length of Disability Certified: 30

Your employer will determine if your disability can be considered under the Family and Medical Leave Act.

CERTIFICATION IS BASED UPON THE MEDICAL INFORMATION PROVIDED. THIS NOTICE IS NOT A GUARANTEE OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ANY SUBSEQUENT REVIEW(S) OF MEDICAL INFORMATION OR RECORDS, THE MEMBER'S ELIGIBILITY ON THE DATE THE DISABILITY BEGINS, AND ANY OTHER PROVISIONS OF THE PLAN.

Review

You are entitled to a review of this certification decision if you do not agree. To obtain a review, you or your representative should submit a written request. Your written request should include the group's name (e.g., employer), your name, social security number and other identifying information shown on the front of this notice, and the issues, comments or additional medical information you would like to have considered. You may also ask for copies of documents pertinent to your request.

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The written request must contain the information described above and must be mailed or delivered within 60 days following receipt of this notice. Ordinarily, you will receive notification of the final determination within 60 days following receipt of your request. If special circumstances require an extension of time for the decision, you will be notified during those 60 days.

If you have any questions concerning this notice - please address inquiries to: Aetna Disability Services, P.O. Box 17536, Portland, ME 04101-7536; telephone: 1-888-554-0887.

This certification decision is also being sent to:
LISA M BAILY

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